

VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer and Employee Criminal History Service

For criminal history record information pursuant to the *National Child Protection Act of 1993 (NCPA)*, as amended by the *Volunteers for Children Act (VCA)*, and the *Adam Walsh Child Protection and Safety Act of 2006*

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective applicant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize Family Tree Inc.

to submit a set of my fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Colorado records pursuant to 24-72-305.3 C.R.S. from the CBI, and any national criminal history record received by the requesting agency from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Colorado and national criminal history record that may pertain to me to the qualified entity.

I understand that, until the criminal history background check is completed, the qualified entity may choose to deny my unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history background report, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a timely determination as to the validity of my challenge before a final decision is made.

Yes, I have (OR) **No, I have not been convicted of or plead guilty to a crime.**

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (circle one): Volunteer

Signature _____ Date _____

Printed Name _____

Address _____ City _____ ST _____ Zip _____

Date of Birth _____ / _____ / _____

To Be Completed By Qualified Entity:

Entity Name _____

Address _____ City _____ ST _____ Zip _____

Telephone _____

Note: This document must be retained by the agency/qualified entity for audit purposes.